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Bib Data Sheet

CONFIRMATION NO. 4171

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/707,044 | <b>FILING OR 371(c)<br/>DATE</b><br>11/17/2003<br><b>RULE</b> | <b>CLASS</b><br>600 | <b>GROUP ART UNIT</b><br>3737 | <b>ATTORNEY<br/>DOCKET NO.</b><br>1122-289-PDD-07-<br>39-US |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This appln claims benefit of 60/427,048 11/18/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***

\*\* 12/09/2003

|  |                                   |                                 |                               |                                    |
|--|-----------------------------------|---------------------------------|-------------------------------|------------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR<br/>COUNTRY</b><br>MI | <b>SHEETS<br/>DRAWING</b><br>10 | <b>TOTAL<br/>CLAIMS</b><br>68 | <b>INDEPENDENT<br/>CLAIMS</b><br>3 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                   |                                 |                               |                                    |
| Verified and Acknowledged  | Examiner's Signature              | Initials                        |                               |                                    |

**ADDRESS**

69683

**TITLE**

TISSUE LOCALIZING AND MARKING DEVICE AND METHOD OF USING SAME

|                                       |   |  |
|---------------------------------------|---|--|
| <b>FILING FEE<br/>RECEIVED</b><br>957 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
|                                       |   | <input type="checkbox"/> 1.16 Fees ( Filing )                  |
|                                       |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |
|                                       |   | <input type="checkbox"/> 1.18 Fees ( Issue )                   |
|                                       |   | <input type="checkbox"/> Other _____                           |
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